

**Town of Andover
Application / Reapplication
To Serve on a Board or Committee**

All fields are required–Please note that all applicants who are appointed will be required to be sworn in

Applicant Name: _____

Street Address: _____

Mailing Address: _____

Phone Number & Email Address: _____

Occupation or Place of Employment: _____

Employment Address: _____

Employment Phone Number: _____

How long have you resided in Andover: _____

Community Experience: _____

Please specify the Board/Committee sought: _____

Why would you like to serve in this capacity: _____

Include experience / expertise relevant to Board or Committee you are applying to: _____

Have you served on any Town Board or Committee/Which one(s) and when: _____

Have you contacted the Chair of the Board/Committee to determine the time commitment
Involved? YES NO

Have you attended any meetings of the Board/Committee on which you wish to serve?
YES NO

Please provide a brief biography/attach resume if desired: _____

Are you related to any Town Employee or member of any Town Board/Committee, or have you
Ever conducted business with the Town, any of its employees or members of the Town Board/
Committee? YES NO

Have you ever been cited for violating any local, state, or federal ordinance, law or regulation
Related to land use, property maintenance or other legal requirements pertaining to the subject
Of the Board/Committee for which you are applying? YES NO If yes, please provide
Details _____

By submitting this application, you understand that:

1. This application is for consideration and does not mean you will necessarily be appointed
To this Board/Committee
2. You may be contacted to follow up on any questions pertaining to this application.
3. This application will be forwarded to the Select Board for consideration.
4. All applications must be submitted to the Town Administrator.
5. All Board members are required to be sworn in before they can participate or vote in any
Meetings.
6. At the end of your term, if you would like to be re-appointed, you are required to complete
This application for reconsideration and you must be sworn in again.

Applicant Signature

Date

**Town of Andover
Application/Reapplication
To Serve on a Board or Committee**

Applicant:

Board/Committee Chair Signature

Board of Selectmen Signatures:

Select Board Chair Signature

Select Board Vice-Chair Signature

Select Board Member Signature

Select Board Member Signature

Select Board Member Signature

Date